

# Nutrition Risk Screening

## Why Screen?

Our youth as a group have poor eating habits and therefore are at risk for poor nutrition, so it's important to screen each client to determine individual eating habits and the factors that affect that client's choices.

The nutrition education provided should be based on what the individual client needs to know. The client action plans that are developed should include changes in behavior that the client can realistically and reasonably make, and is willing and ready to make.

### Using the Questionnaire

The "Nutrition Risk Screening Questionnaire" may be used to identify your client's nutrition concerns and his/her potential risk for poor nutrition. The questions asked address eating behaviors, food choices, weight and body image, physical activity, and the client's readiness for making changes in these areas.

The questionnaire should not be given to the client to fill out, but rather should serve as an interview tool to facilitate discussion between the client and the case manager or nurse. It can be administered all at one time; however, it may be more effective to use the separate parts at different times.

It is important to do Part I of the Questionnaire first, as this should reveal the client's usual dietary intake and other eating behaviors.

The sequence for using the remaining parts should be based on individual client need. For example, if you suspect that your client may have an eating disorder, you may want to screen for that right away.

## Interpreting the Questionnaire

### PART 1. DIETARY INTAKE

#### A. HABITS

##### **Skipped meals**

Frequently missed meals can result in the inadequate intake of calories and nutrients or can lead to over-eating at other meals and snacks. Explore with the client reasons for skipped meals

## Water

We should drink six to eight 8-oz glasses of fluid per day with more before and after physical activity. Sodas, coffee, tea and juice count as fluid intake; however, they can be a source of extra calories contributing to weight gain and/or caffeine, which causes the body to lose fluid. **Our optimal default is that all drinks should be zero calorie drinks, with the exception of fat free or low fat unflavored milk with meals.**

## Convenience/fast food

Convenience and fast foods are popular and easily available. Frequent consumption increases fat, calorie, and salt intake and reduces the intake of fiber and some vitamins and minerals. Use the "Fast Food Survival Guide" to discuss options for healthier food choices.

## Vegetarian diets

Because the term "vegetarian" is often used loosely, refer to Section: *Vegetarian Teens* guideline for additional screening questions for clients who say they are vegetarian.

## Vitamin/mineral/ herbal Supplements

Vitamin and mineral supplements, although helpful in some instances, cannot take the place of a healthy diet. If the client insists on taking supplements, emphasize the need to avoid high doses that can be toxic. Herbal supplements are not regulated by the Food and Drug Administration and have not been satisfactorily researched to determine their safe use for people under 18.

## Protein powders,

**creatine** Contrary to popular belief, increased protein intake does not affect muscle size. The effect of creatine on the growing child's body is unknown.

## Special diets

Clients on special diets for medical reasons, such as diabetes or celiac disease, should have been instructed by a registered dietitian or other medical care provider and should be receiving ongoing monitoring of medical condition and diet.



## B. FOOD GROUPS

Criteria for meeting recommended number of servings from the Food Groups and suggested guidelines for further screening and intervention activities follow each of the food group intake grids.

## Bread, cereal, rice, and

**pasta** Grains provide complex carbohydrates (an important source of energy), protein, and minerals; they also tend to be low in fat. Whole grains are a good

source of fiber.

## Fruits and vegetables

Fruits are important sources of vitamins and fiber and are low in fat. Vegetables provide vitamins, such as A and C, and minerals, such as calcium and iron. Most are low in fat and high in fiber.

## Milk, yogurt, and cheese

Milk, yogurt, and cheese are good sources of calcium and provide protein, vitamins, and minerals. Encourage the client to use unflavored nonfat or low-fat milk and other low-fat dairy products, or soy alternatives.

## Meat, poultry, fish, dry beans, eggs, and nuts

Red meat, poultry, fish, eggs, and dried beans provide protein, iron, zinc, and many other minerals and vitamins. Cold cuts, bacon, sausage, and fried items are high in sodium, fat and calories.

## Fats, oils, and sweets

This group includes butter, margarine, mayonnaise, vegetable oil, gravy, salad dressing, cake/ cupcakes, pie, cookies, chips, doughnuts, and candy. There is no recommended serving because these foods provide little nutrition but can be a source of too many calories.

## PART 2. DISORDERED EATING AND WEIGHT

Many adolescents may be dissatisfied with their weight and use unhealthy methods to alter it. Use Section: *Body Image and Disordered Eating* and Section: *Weight Management* guidelines for further screening and intervention activities.

## PART 3. PHYSICAL ACTIVITY

The Surgeon General's report on physical activity and health recommends 60 minutes or more of moderately intensive physical activity all or most days of the week. Help the inactive client identify enjoyable activities that can be included into a daily routine. Excessive physical activity (too often and/or too intense) may be a sign of an eating disorder.

Too much watching television and video games or computer time can lead to overweight. Sedentary activities should be limited to one to two hours per day.

Use Section: *Physical Activity* guideline for further screening and intervention activities.



## PART 4. CLIENT AWARENESS AND READINESS FOR CHANGE

It is important to identify how ready, if at all, the client is to make changes in behavior that will improve nutrition and physical activity. Section: *Client Awareness and Readiness for Change*.

## Interventions/Referrals

Each of the guidelines provides definition and background information on a specific topic, additional screening questions or self-assessment activities, suggestions for intervention activities and criteria for referral. Activity worksheets are provided for the case manager or nurse to use with the client to assist with self-assessment and setting goals for behavior change.

**Create an individualized plan for each client by visiting**

<http://www.choosemyplate.gov/myplate/index.aspx>  
and enter their age, sex, weight, height and activity level.

## Follow- Up

Ask the client to complete the food diary (included in this section) periodically (for example, every three months) in order to:

1. Recognize and praise positive behavior
2. Identify any need for further education/counseling, and refer as appropriate to a Registered Dietitian.

# NUTRITION RISK SCREENING QUESTIONNAIRE

*This Nutrition Risk Screening Questionnaire is intended to identify nonpregnant, nonlactating clients at risk for calorie, vitamin, mineral, and fiber deficiency; excess sodium, fat and sugar intake; inadequate or excessive physical activity; and problematic weight control behaviors or attitudes. Pregnant adolescents are at high risk nutritionally; their dietary intake and physical activity should be assessed by a registered dietitian, or physician with expertise in obstetrical care.*

## PART 1. DIETARY INTAKE

### A. HABITS

For each question, circle the answer which best describes the client's usual behavior.

- |                                                                                               |        |                     |                   |          |
|-----------------------------------------------------------------------------------------------|--------|---------------------|-------------------|----------|
| 1. How many days each week do you eat breakfast?                                              | None   | 1-2 days            | 3-5 days          | 6-7 days |
| 2. How many days each week do you eat lunch?                                                  | None   | 1-2 days            | 3-5 days          | 6-7 days |
| 3. How many days each week do you eat dinner?                                                 | None   | 1-2 days            | 3-5 days          | 6-7 days |
| 4. How often do you eat between meals or after dinner?                                        | Daily  | Several times /week | Once/week or less | Rarely   |
| 5. How much water do you drink each day?                                                      | <1 cup | 1-2 cups            | 3-5 cups          | >5 cups  |
| 6. How many times per week do you eat or take out a meal from a fast food restaurant?         | Daily  | Several times/week  | Once/week or less | Rarely   |
| 7. Are you a vegetarian?                                                                      | Yes    | No                  |                   |          |
| 8. Do you take any vitamin or mineral supplement?<br>If yes, which brand or type: _____       | Daily  | Weekly              | Rarely            | Never    |
| 9. Do you use herbal supplements?<br>If yes, which one(s)? _____                              | Daily  | Weekly              | Rarely            | Never    |
| 10. Do you use any pills or teas to lose weight?                                              | Yes    | No                  |                   |          |
| 11. Do you use protein powders, creatine or other supplements that claim to increase muscles? | Daily  | Weekly              | Rarely            | Never    |
| 12. Are you on a special diet for medical reasons?                                            | Yes    | No                  |                   |          |

## B. Food Groups

Using measuring cups and plates, help the client determine the number of servings eaten from the following food groups.

### Bread, Cereal, Rice, and Pasta

Serving Size	Food Item	Servings per day	Servings per week	Eat once a month or less	Never eat
1 slice	Bread				
1/2	Hamburger or hot dog bun				
1/2	English muffin, bagel, pita bread				
4-6	Crackers				
1-6 inch	Tortilla				
1 small or 1/2 large	Muffin, *biscuit				
2 medium	Pancakes				
2 small	Waffle				
1/2 cup	Hot cereal				
3/4 cup	Cold Cereal				
1/2 cup	Rice, cooked				
1/2 cup	Pasta (spaghetti, noodles, macaroni, etc.), cooked				
	<b>TOTAL # OF SERVINGS:</b>				

\*risk of excessive calories due to high fat content

- ☐ Client meets recommendation of 6-11 servings/day of bread, cereal, rice, and pasta
- ☐ < 6 servings/day: Client is at risk for low calorie/fiber/carbohydrate intake and extreme dieting behavior depending on intake from other groups. Use Section 7: body Image and Disordered Eating guideline for further screening and intervention.
- ☐ > 11 servings/day: Client may be at risk for excessive calorie intake depending on intake from other food groups. Use Section 8: Weight Management guideline for further screening and intervention.
- ☐ Client meets recommendations for this food group per their individualized plan created at <http://www.choosemyplate.gov/myplate/index.aspx>

## Fruits and Vegetables

Serving Size	Food Item	Servings per day	Servings per week	Eat once a month or less	Never eat
1 medium	Fresh apple, pear, banana, orange, peach, nectarine,				
½	Grapefruit				
2	Apricots, tangerines				
¼	Cantaloupe				
1 cup	Melon, cut up				
¾ cup	Berries				
½ cup	Pineapple, fresh				
½ cup	Canned or frozen fruit				
¼ cup	Dried fruit (raisins, apricots, dates				
¾ cup	100% vegetable juice				
1 cup	Leafy green vegetables				
½ cup	Vegetables, raw or cooked				
1 medium	Potato, baked, boiled, or mashed				
10-12 (1/2 small fast food	French fries*				
	<b>TOTAL # OF SERVINGS:</b>				

\*risk of excessive calories due to high fat content

**NOTE: All fruits juices should be avoided: they do not provide the same nutritional benefits as whole fruit, and are a leading contributor to obesity and tooth decay.**

- ☐ Client meets recommendation of 5 or more servings/day of fruits and vegetables.
- ☐ < 5 servings/day: Client is at risk for low vitamin/mineral/fiber intake. Use Section: Folate and Section: Fruits and Vegetables guidelines for further screening and intervention.
- ☐ Client meets recommendations for this food group per their individualized plan created at <http://www.choosemyplate.gov/myplate/index.aspx>

## **Milk, Yogurt, and Cheese**

<b>Serving Size</b>	<b>Food Item</b>	<b>Servings per day</b>	<b>Servings per week</b>	<b>Eat once a month or less</b>	<b>Never eat</b>
1 cup	Unflavored Milk*				
1 cup	Fat free milk				
1 cup	Yogurt				
1-2 ounces	Cheese*				
1 cup	Cottage cheese*				
1½ cup	Frozen yogurt				
1½ cup	Ice cream*				
1½ cup	Pudding, * custard				
8 ounces	Fortified unflavored soy milk				
	<b>TOTAL # OF SERVINGS:</b>				

\*risk of excessive calories due to high fat content

### **Note:**

- 1. Flavored milk should be avoided: it is high in added sugars and contributes to obesity and tooth decay.**
- 2. Rice milk does not contain adequate protein, vitamin and minerals to be used as a milk substitute**

- ☐ Client meets recommendation of 3 or more servings/day of dairy products
- ☐ < 3 servings/day: Client is at risk for low calcium and protein intake. Use Section: Calcium and Section : Vegetarian Clients guidelines for further screening and intervention.
- ☐ Client meets recommendations for this food group per their individualized plan created at <http://www.choosemyplate.gov/myplate/index.aspx>

## Meat, Poultry, Fish, Dry Beans, Eggs, and Nuts

Serving Size	Food Item	Servings per day	Servings per week	Eat once a month or less	Never eat
3 ounces	Cooked beef, pork or lamb				
3 ounces	Cooked chicken, turkey or duck				
3 ounces	Fresh or frozen fish, cooked				
3 ounces	Shellfish				
3 ounces	Lunch meats*				
	Hot dogs*				
3 ounces	Tuna or other canned fish				
3	Eggs (1 egg = 1 oz. meat)				
9 ounces	Tofu (3 ounces = 1 oz. meat)				
6 Tbsp	Peanut butter*				
1½ cup	Legumes, cooked or canned: [lentils, beans (pinto, navy, kidney, garbanzo), split peas, black-eyed peas]				
	Nuts and seeds				
	<b>TOTAL # OF SERVINGS:</b>				

\*risk of excessive calories due to high fat content; low-fat, low-sodium choices recommended

- ☐ Client meets recommendation of 2-3 servings/day of protein foods.
- ☐ < 2 servings/day: Client is at risk for low protein and iron intake. Use Section: Iron and Section: Vegetarian Clients guidelines for further screening and intervention.
- ☐ Client meets recommendations for this food group per their individualized plan created at <http://www.choosemyplate.gov/myplate/index.aspx>



## Fats, Oils, and Sweets

Serving Size	Food Item	Servings per day	Servings per week	Eat once a month or less	Never eat
2	Cookies				
1	Brownie				
1	Donut or sweet roll				
1	Granola bar				
1	slice cake or pie				
½ cup	Pudding, custard, Jello, ice cream, sherbet				
1	Chocolate bar, M&Ms or candy (1 pkg)				
1 tbsp	Sugar, honey, jam, jelly, syrup				
12 ounces	Soda (not diet) (1 can)				
1 cup	Fruit flavored, sugar sweetened drinks (lemonade, fruit punch, KoolAid, Hi-C, Sunny Delight)				
1 tsp	Butter or margarine				
1 Tbsp	Mayo, salad dressing, sour cream				
1 Tbsp	Cream cheese				
1 Tbsp	Vegetable oil				
	<b>TOTAL # OF SERVINGS:</b>				

**NOTE: All regular soda should be eliminated as it is a key contributor to obesity and tooth decay.**

- ☐ > 2 servings/day: Client is at risk for excessive fat, sugar and calories. Use Section: Weight Management guideline for intervention activities.
- ☐ Client meets recommendations for this food group per their individualized plan created at <http://www.choosemyplate.gov/myplate/index.aspx>

## PART 2. BODY IMAGE, DISORDERED EATING, AND WEIGHT MANAGEMENT

1.	Do you worry about gaining weight?	Yes	No
2.	Are you preoccupied with losing weight?	Yes	No
3.	Are you on a diet or do you limit your food intake to lose weight?	Yes	No
4.	Does your mood depend on your weight (e.g., if you gain one pound you are depressed, irritable, etc.)	Yes	No
5.	Do you feel bad about yourself if you gain weight?	Yes	No
6.	If you gain one pound, do you worry that you will continue to gain weight?	Yes	No
7.	Do you think of certain foods as being either “good” or “bad” and feel guilty about eating “bad” foods?	Yes	No
8.	Do you use foods to comfort yourself?	Yes	No
9.	Do you ever feel out of control when eating?	Yes	No
10.	Do you spend a significant amount of time thinking about food and when you will eat?	Yes	No
11.	Do you vomit or have you thought about vomiting as a way to control your weight?	Yes	No
12.	Do you try to hide how much you eat?	Yes	No
13.	Do you use laxatives, water pills, exercise, etc., to prevent weight gain?	Yes	No
14.	Are you dissatisfied with your body size or shape?	Yes	No
15.	Do you eat until you feel stuffed?	Yes	No

Total number of “yes” answers = \_\_\_\_\_

More than five (5) “yes” answers may indicate an eating disorder. Refer to a Registered Dietitian and Mental Health professional for further screening and intervention activities.

### PART 3. PHYSICAL ACTIVITY

For each question, circle the answer which best describes the client's usual behavior.

1. On how many of the past seven days did you participate 0-1      2-3      4-5      6-7  
*in moderate* physical activity (for example,  
walking or riding a bike) for at least 60  
minutes?

2. On how many of the past seven days did you participate 0-1      2-3      4-5      6-7  
*in vigorous* physical activity (for example,  
basketball, fast dancing or swimming) for at least  
30 minutes?

3. Do you spend more than two hours per day watching TV, Yes  
playing playing video games, or other screen time? No

☐ Client meets recommendation of at least 60 minutes of moderate or 30 minutes of vigorous physical activity per day 5 or more days per week.

☐ Client does not meet minimum physical activity recommendation. Use Section: *Physical Activity* guideline for further screening and intervention activities.

## PART 4. CLIENT AWARENESS AND READINESS FOR CHANGE

Identify your client's stage of behavior change and readiness to change.

1.	How would you rate your eating behaviors?	Good	Need to improve a little	Need to improve a lot
2.	Are you interested in changing your eating behaviors?		Yes	No
3.	Are you thinking about changing your eating behaviors?		Yes	No
4.	Are you ready to change your eating behavior?		Yes	No
5.	Are in the process of changing your eating-behavior?		Yes	No
6.	Are you trying to maintain changes in your eating behaviors?		Yes	No
7.	What changes would you like to modify or maintain?	a. _____		
		b. _____		
		c. _____		
8.	What do you need to help you make or maintain desired changes?			
		Information? _____		
		Assistance? _____		
		Other? _____		

- ☐ Client is in early stages of behavior change or unwilling to change.
- ☐ Client is ready to change eating behaviors. Use action plans in guidelines to assist client with setting of realistic and achievable goals for behavior change, or refer to Registered Dietitian.

## NUTRITION NEEDS ASSESSMENT WORKSHEET

Client name and I.D.# \_\_\_\_\_  
(Possible Nutrituion Risks on back)

Date	Identified Nutrition Risk	Intervention Planned – Activities and Referrals	Outcome

Referrals made: \_\_\_\_\_

Comments: \_\_\_\_\_

Case Manager or Nurse signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Summary:

Nutrition risks that may be identified with the “Nutrition Risk Screening Questionnaire”

### Low intake of...

- ☐ calories
- ☐ carbohydrates
- ☐ protein
- ☐ iron
- ☐ calcium
- ☐ fruit vegetables
- ☐ folate/folic acid
- ☐ water

### Weight

- ☐ body dissatisfaction
- ☐ disordered eating behavior
- ☐ extreme dieting behavior

### Lack of...

- ☐ food shopping/preparation skills
- ☐ food storage/preparation equipment

### Too much...

- ☐ fat, sugar, and calories
- ☐ fast foods/convenience foods

### Other

- ☐ food security
- ☐ vegetarian diet
- ☐ use of supplements

### Physical Activity

- ☐ not enough
- ☐ excessive

7 Day Food Record

Client's Name

D.O.B.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
breakfast						
Lunch						
Dinner						
Snacks						

## Assessing Physical Activity

Check off your time spent on the activities listed.

	1-2 x month	1-2 x week	3-4 x week	daily
<b>Sedentary (not moving)</b>				
Watching television				
Video games or computer time				
Reading books/magazines				
Going to the movies				
Talking on the phone, texting or using the internet				
Taking a nap				
<b>Active (for everyone—good for pregnancy)</b>				
Walking				
Dancing				
Swimming				
Throwing a Frisbee				
Stretching or prenatal yoga				
Table tennis				
Lifting weights (dumbbells, canned soup, water bottles)				
Yard work (weeding, mowing, raking)				
Housework (dusting, sweeping, vacuuming, mopping, washing windows)				
Cycling on a stationary bike				
Using apps or electronics for physical activity, such as Wii®				
Jogging or running				
<b>Active</b>				
Skating, skiing or skateboarding				
Jumping rope				
Riding a bike				
Team sports (for example, bowling, basketball, baseball, softball, soccer, football, volleyball)				

Try to have more active and fewer sedentary activities each day. Now complete *My Action Plan for Exercise* to achieve this goal!



# My Action Plan for Exercise

I plan to spend less time on sedentary activities that require little or no energy:

Activity (example: watching TV)	Time spent now? (per week or day)	How often will I do it? (per week or day)

I plan to spend more time on these active activities:

Activity (example: walking)	Time spent now? (per week or day)	How often will I do it? (per week or day)

I plan to add the following active activities:

New activity (example: dancing)	How often will I do it? (per week or day)

## Exercise Tips

Get your friends involved! Everyone will be healthier - You can help each other stay on track. You will have more fun!  
Get a calendar (or make one) and mark off each day that you met your goal.